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Attorney Reference Number 6122-67949-01

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Hoperin ication of: Fleming

Application No. 10/781,043 **Filed:** February 17, 2004

For: ANAL HYGIENIC PAD AND METHOD

OF USE

Confirmation No. 8393

Examiner: Jacqueline Stephens

Art Unit: 3761

Attorney Reference No. 6122-67949-01

CERTIFICATE OF MAILING

I hereby certify that this paper and the documents referred to as being attached or enclosed herewith are being deposited with the United States Postal Service as First Class Mail in an envelope addressed to: MAIL STOP AMENDMENT COMMISSIONER FOR PATENTS, P.O. BOX 1450, ALEXANDRIA, VA 22313-1450 on the date shown below.

Attorney or Agent for Applicant(s)

Date Mailed September 29, 2006

MAIL STOP AMENDMENT COMMISSIONER FOR PATENTS P.O. BOX 1450 ALEXANDRIA, VA 22313-1450

TRANSMITTAL LETTER

Enclosed is an Amendment for the above application. The fee has been calculated as shown below.

CLAIMS AS AMENDED						
For	No. after amendment	No. paid for previously		Present Extra	Rate	Fee
Total Claims	52	- 48*	=	4	\$25.00	\$ 100.00
Indep. Claims	4	- 3**	=	1	\$100.00	\$ 100.00
Mult. Dep. Claims Fee (if not previously paid)					\$180.00	
One-month Extension of Time					\$60.00	
Two-month Extension of Time					\$225.00	
Three-month Extension of Time					\$510.00	
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT						\$200.00

^{*} greater of twenty or number for which fee has been paid.

 \triangle A check in the amount of \$380.00 is attached for the claim fees (\$200.00) and IDS fee (\$180.00).

^{**} greater of three or number for which fee has been paid.

\boxtimes	An Information Disclosure Statement, a PTO Form 1449 with the cited references and the IDS
	Fee of \$180.00.

- Please charge any additional fees that may be required in connection with filing this amendment and any extension of time, or credit any overpayment, to Deposit Account No. 02-4550. A copy of this sheet is enclosed.
- If the Patent and Trademark Office determines that this amendment results in an additional application size fee for pages in excess of 100, please charge the fee to Deposit Account No. 02-4550. A copy of this sheet is enclosed.
- Please return the enclosed postcard to confirm that the items listed above have been received.

Respectfully submitted,

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cc: Docketing

Ву

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